State of Hawaii
Department of Health
Alcohol and Drug Abuse Division

Uniform Application
Substance Abuse Prevention and Treatment Block Grant
Federal Fiscal Year 2007

Draft Report

Section II: 17 Federal Goals

Section III: State Plan - Intended Use of FFY 2007 SAPT Block Grant Funds

August 2006

SECTION II. 17 FEDERAL GOALS: FY 2004, 2006, AND 2007

GOAL #1: The State shall expend block grant funds to maintain a continuum of substance abuse treatment services that meet these needs for the services identified by the State. Describe the continuum of block-grant funded treatment services available in the State.

FY 2004 (Compliance): The State of Hawaii expended its FY 2004 SAPT Block Grant during the State fiscal year (SFY) 2005 that began on July 1, 2004. The FY 2004 Block Grant was used to provide services needed to maintain a continuum of substance abuse treatment services. The Department of Health's Alcohol and Drug Abuse Division (ADAD) contracts out its treatment and prevention services to nonprofit providers following a request for proposal (RFP) process in accordance with State procurement laws and policies. FY 2004 Block Grant funds were used primarily to ensure the continued provision of contracted services that are being provided during the second year of a 6-year contract period in accordance with State RFP and contracting procedures.

Substance abuse treatment and prevention services are authorized by Hawaii Revised Statues (HRS) §321-193 and HRS §334 which delineate a comprehensive system of care, including certification of substance abuse counselors and administrators, accreditation of programs, and coordination of treatment and prevention activities. ADAD is the primary source of public substance abuse treatment funds for Hawaii. Some treatment services are publicly funded through the Hawaii Medicaid 1115 waiver program called QUEST which is administered by the Department of Human Services. Each QUEST managed care plan decides which substance abuse treatment providers it will contract with. Treatment services are provided to QUEST clients within the limits of the benefits in the plan. Private health insurance companies and health maintenance organizations provide certain minimum substance abuse benefits as required by HRS §431M. A provision of Act 44, Session Laws of Hawaii 2004, mandated parity in health insurance plans allowing substance abuse to be treated like other medical conditions. This provision became effective July 1, 2005, with a repeal date of June 30, 2011.

Treatment Services Funded by FY 2004 SAPT Block Grant

ADAD's treatment efforts are designed to promote a statewide culturally appropriate comprehensive system of services to meet the treatment and recovery needs of individuals and families. FY 2004 SAPT Block Grant-funded treatment services included the following: adult residential, outpatient, intensive outpatient, day treatment, non-medical residential detoxification, and therapeutic living programs; adolescent school-based and residential treatment programs; specific programs for pregnant substance abusing women and women with dependent children; methadone outpatient treatment, interim and outreach services for injection drug users (IDUs); outpatient intervention services for substance abusing homeless adults; residential, intensive outpatient and day treatment for the dually diagnosed; and intensive outpatient and outpatient treatment for ex-offenders. The Block Grant was also used for the following: to implement a Dependency Drug Court (Family Drug Court) to provide substance abuse treatment services for pregnant and parenting women who are under the jurisdiction of the Family Court and whose children are classified by the Department of Human Services as child abuse or neglect cases; to

conduct examinations required to certify substance abuse counselors; to provide workshops and training on various treatment topics and issues; to obtain technical assistance to assess and improve ADAD's data collection and provider reporting system on client outcomes and performance measures; to obtain technical assistance on substance abuse treatment services for the adult criminal justice population; and to conduct independent peer reviews.

The following is a list of the continuum of treatment programs and services that were funded by the FY 2004 Block Grant. They are listed by island and identified by the name of the contracted agency.

Oahu

Alcoholic Rehab. Services of Hawaii (ARSH, dba Hina Mauka)	Residential, intensive outpatient and day treatment for adult substance abusers
ARSH (dba Hina Mauka)	Outpatient intervention services for homeless adult substance abusers
ARSH (dba Hina Mauka)	School-based substance abuse treatment for adolescents
Bobby Benson Center	Residential treatment for adolescent substance abusers
Drug Addiction Services of Hawaii (DASH)	Methadone outpatient treatment, interim and outreach services for adult IDUs
Hawaii Alcoholism Foundation	Residential and day treatment for adult substance abusers
Ho`omau Ke Ola	Residential and intensive outpatient treatment for adult substance abusers
Po`ailani, Inc.	Residential, intensive outpatient and day treatment for dual diagnosed adults
Salvation Army Addiction Treatment Services (ATS)	Residential, intensive outpatient, outpatient and day treatment for adult substance abusers
Salvation Army ATS Detoxification	Non-medical residential detoxification services for adult substance abusers
Salvation Army ATS	Intensive outpatient and outpatient treatment for adult ex-offenders

Salvation Army Family Treatment Services (FTS)	Residential and therapeutic living programs for pregnant women and women with dependent children
Young Men's Christian Association (YMCA) of Honolulu	School-based substance abuse treatment for adolescents
Hawaii	
Big Island Substance Abuse Council (BISAC)	Intensive outpatient, outpatient and therapeutic living programs for adult substance abusers
BISAC	School-based substance abuse treatment for adolescents
Bridge House, Inc.	Therapeutic living program for adult substance abusers
DASH	Methadone outpatient treatment, interim and outreach services for adult IDUs
Maui	
Aloha House, Inc.	Residential, intensive outpatient, outpatient, day treatment and therapeutic living programs for adult substance abusers
Aloha House, Inc.	School-based substance abuse treatment for adolescents
Maui Youth and Family Services, Inc.	Residential treatment for adolescent substance abusers
Molokai	
Hale Ho`okupa`a	Outpatient treatment for adult and adolescent substance abusers
Kauai	
ARSH (dba Hina Mauka)	School-based substance abuse treatment for Adolescents
Child and Family Service	Substance abuse outreach and early intervention services for pregnant women and women with dependent children

Other Services for Substance Abusers

Statewide

DASH	HIV early intervention services for clients in substance abuse treatment programs

Oahu

Oxford House	Management of a network of recovery group homes and administration of the revolving loan fund

FY 2006 (Progress): The FY 2006 Block Grant is spent during SFY 2007 which began on July 1, 2006. Please note that, at the most, there is only a three-month period from the start of Hawaii's FY 2006 Block Grant expenditure period which began on July 1, 2006, and the due date of this Block Grant Application which is October 1, 2006. FY 2006 Block Grant funds are being used to maintain the continuum of needed substance abuse treatment services and ensure the continued provision of contracted services during the fourth year of the present 6-year contract period. For 6-year contracts, continuation of the third through sixth year is subject to the satisfactory performance of the contracted services and the availability of funds. The continuum of Block Grant-supported treatment services available is basically the same as the service continuum described previously for FY 2004. The services include adult residential, outpatient, intensive outpatient, day treatment, non-medical residential detoxification and therapeutic living programs; adolescent school-based and residential treatment programs; specific programs for pregnant substance abusing women and women with dependent children; methadone outpatient treatment, interim and outreach services for injection drug users; outpatient intervention services for substance abusing homeless adults; residential, intensive outpatient and day treatment for the dually diagnosed; and intensive outpatient and outpatient treatment for ex-offenders.

FY 2007 (Intended Use): Spending of the FY 2007 Block Grant is planned to occur during SFY 2008 which begins on July 1, 2007. FY 2007 Block Grant funds will be used to maintain the continuum of needed substance abuse treatment services and ensure the continued provision of contracted services during the fifth year of the present 6-year contract period. For 6-year contracts, continuation of the third through sixth year is subject to the satisfactory performance of the contracted services and the availability of funds. The continuum of Block Grant-supported treatment services include adult residential, outpatient, intensive outpatient, day treatment, non-medical residential detoxification and therapeutic living programs; adolescent school-based and residential treatment programs; specific programs for pregnant substance abusing women and women with dependent children; methadone outpatient treatment, interim and outreach services for injection drug users; outpatient intervention services for substance abusing homeless adults; residential, intensive outpatient and day treatment for the dually diagnosed; and intensive outpatient and outpatient treatment for ex-offenders.

GOAL #2: An agreement to spend not less than 20 percent on primary prevention programs for individuals who do not require treatment for substance abuse, specifying the activities proposed for each of the six strategies.

FY 2004 (Compliance): The State of Hawaii expended its FY 2004 SAPT Block Grant during the State fiscal year (SFY) 2005 that began on July 1, 2004. The Department of Health's Alcohol and Drug Abuse Division (ADAD) contracts out its treatment and prevention services to nonprofit providers following a request for proposal (RFP) process in accordance with State procurement laws and policies. Not less than 20 percent of the Block Grant was used to provide primary prevention programs. FY 2004 Block Grant funds were used primarily to ensure the continued provision of contracted services during the second year for contracts with either a 2-year contract period or a 6-year contract period. For 6-year contracts, continuation of the third through sixth year is subject to the satisfactory performance of the contracted services and the availability of funds. For information on the major prevention programs, activities and services funded by the FY 2004 SAPT Block Grant, please see the list that follows the description below on the FY 2004 Block Grant activities performed for the six prevention strategies required by the Center for Substance Abuse Prevention (CSAP).

Activities were carried out to address the six prevention strategies. Specific prevention strategies and activities were contractually required of certain programs. Many programs utilized multiple prevention strategies and activities with an emphasis on certain strategies. ADAD uses CSAP's Minimum Data Set (MDS) System 4 software to collect process data on Block Grant-funded prevention programs and information on service populations. Based on the MDS, the numbers of persons served by strategy are reported below. Please note that the MDS system does not allow the recording of the numbers of persons served for all strategies or activities (service types). For example, the numbers of persons served cannot be recorded for any of the activities/services defined for the environmental strategy, some information dissemination activities/services, some community-based process activities/services, and one alternative activity/service. According to the MDS Service Type Codes and Definitions for the six CSAP strategies, collecting statistics on the numbers of persons served is not applicable for these activities (service types). Please note that some numbers reported may be duplicative because the MDS system allows individuals receiving services that are categorized under more than one strategy to be counted each time such services are received.

Education: A youth prevention initiative focused on implementation of Best Practices prevention programs with an emphasis on serving youth 12-17 years of age in communities throughout the State. Five community programs implemented the Stay Smart and Smart Leaders curricula, and the Family Advocacy Network (FAN Club) curriculum which also involves parents or adult family members. The FAN Club curriculum includes instructional sessions for parents or other adult extended family members. Another community program conducted the Project ALERT curriculum focusing on 7th graders and their families. Several school-based programs on Oahu also implemented the education strategy. An agricultural program for grades K-6 provided structured, age-appropriate instruction to foster a sense of social responsibility and self-esteem within a science-based curriculum. A program for high-risk girls in grades 5-8 provided a gender-appropriate prevention course and implemented the Strengthening Hawaii's Families curriculum for 5th and 6th grade girls and their families. Based on the MDS, 2,916

persons received services that are categorized under the MDS-defined service type codes for education.

Alternatives: The prevention programs described above that utilized the education strategy also implemented the alternatives strategy. Alternative activities utilized by the Best Practices programs included alcohol- and drug-free social, recreational, cultural, sports, and community service activities. One community program implemented the Leadership and Resiliency program for at-risk youth that featured outdoor adventure activities as well as community service projects. The agricultural program for grades K-6 included environmentally-sound and culturally-appropriate farming and gardening activities. The program for high-risk girls in grades 5-8 provided alternative activities that included an after-school club and a support network to ease the transition from elementary to intermediate school and from intermediate to high school. A school-based mentoring program for Native Hawaiian at-risk youth matched adult mentors with appropriate youth to help students in school and also provided some alternative activities during non-school hours. A program to train youth to be peer leaders and community advocates to prevent underage drinking provided alcohol- and drug-free dances for teens. Based on the MDS, 19,943 persons received services that are categorized under the MDS-defined service type codes for alternatives.

Information dissemination: While various prevention programs conducted some information dissemination activities, the Regional Alcohol and Drug Awareness Center (RADAR) was the primary program that focused on implementation of the information dissemination strategy. The Center's activities included an information clearinghouse and library, a telephone information service, development and/or dissemination of materials such as resource directories, newsletters and brochures, development of informational displays for community libraries, and participation in community and health fairs. The RADAR Center also provided onsite technical assistance to other ADAD-funded prevention programs throughout the State regarding the latest prevention materials to enhance service delivery. Based on the MDS, 62,694 persons received services that are categorized under the MDS-defined service type codes that apply to certain information dissemination activities.

Community-based process: Community-based process was utilized in projects to conduct and analyze statewide needs assessment surveys to assess substance use among students and adults. Community-based process was also utilized by technical assistance services for the evaluation of CSAP State Incentive Grant (SIG)-funded prevention programs and for the development and update of informational tools to support community prevention planning for SIG-funded and other prevention programs. Based on the MDS, 335 persons received services that are categorized under the MDS-defined service type codes that apply to certain community-based process activities.

Environmental: The environmental strategy was implemented by conducting tobacco compliance inspections pursuant to Synar requirements and also by the program to train youth to be peer leaders and community advocates to prevent underage drinking. As explained above, data are not available to determine the number of persons served by the environmental strategy because the MDS does not capture such statistics. None of the MDS-defined service type codes for the environmental strategy allow for recording the number of persons served. According to

the MDS Service Type Codes and Definitions, collecting statistics on the number of persons served is not applicable for any environmental activity.

Problem identification and referral: The problem identification and referral strategy was implemented by a program to prevent misuse and mismanagement of medications by the elderly. This program used pharmacists to conduct individual assessments and utilization reviews of prescription and over-the-counter medications and provide follow-up, referral services and consultation with physicians. This program also conducted informational sessions and activities for seniors and their caregivers on the proper use and management of medications. Based on the MDS, 1,033 persons received services that are categorized under the MDS-defined service type codes for problem identification and referral.

Prevention Services Funded by FY 2004 SAPT Block Grant

The following is a list of the major prevention programs, activities and services that were funded by the FY 2004 Block Grant. They are listed by island and identified by the name of the contracted agency. Statewide activities are also listed.

Oahu

Boys and Girls Club of Hawaii	Curriculum-based substance abuse prevention program for youth 12-17 years of age and their parents or other adult family members
Coalition For A Drug-Free Hawaii	Gender-appropriate substance abuse prevention program for high-risk girls in grades 5-8
Ka`ala Farms	School-based substance abuse prevention program with culturally appropriate agricultural activities for grades K-6
Maui Center for Health Care Education	Program for the elderly on Oahu to prevent misuse and mismanagement of prescription and over-the-counter drugs
Waimanalo Health Center	School-based substance abuse prevention program to recruit and match adult mentors with Native Hawaiian at-risk youth

Hawaii

Alu Like, Inc.	Curriculum-based substance abuse prevention program for youth 12-17 years of age and their parents or other adult family members

Hawaii Island YWCA	Curriculum-based substance abuse prevention program focusing on 7th grade youth and their families

Maui

Aloha House, Inc.	Leadership and resiliency program for at-risk youth 12-17 years of age
Alu Like, Inc.	Curriculum-based substance abuse prevention program for youth 12-17 years of age and their parents or other adult family members
Maui Center for Health Care Education	Program for the elderly in Maui County to prevent misuse and mismanagement of prescription and over-the-counter medications

Molokai

Alu Like, Inc.	Curriculum-based substance abuse prevention program for youth 12-17 years of age and their parents or other adult family members

Kauai

Alu Like, Inc.	Curriculum-based substance abuse prevention program for youth 12-17 years of age and their parents or other adult family members

Statewide

Coalition For A Drug-Free Hawaii	RADAR information center
Market Trends Pacific, Inc.	Technical assistance for a statewide telephone household needs assessment survey of adults
Mothers Against Drunk Driving (MADD)	Prevention program to train youth to be peer leaders and community advocates to prevent underage drinking and impaired driving
University of Hawaii (UH) Cancer Research Center of Hawaii	Random, unannounced inspections of tobacco outlets in accordance with the Synar Amendment and regulations
UH Center on the Family	Technical assistance to develop and update informational tools to support community prevention planning for SIG-funded and other prevention programs

UH Social Science Research Institute	Technical assistance to evaluate SIG-funded prevention programs and activities and their impacts on the State-level prevention system
UH Speech Department	Technical assistance to conduct data analysis and provide technical and summary reports for the statewide needs assessment survey on substance use and risk and protective factors among public and private school students in grades 6-12

FY 2006 (Progress): The FY 2006 Block Grant is spent during SFY 2007 which began on July 1, 2006. Please note that, at the most, there is only a three-month period from the start of Hawaii's FY 2006 Block Grant expenditure period which began on July 1, 2006, and the due date of this Block Grant Application which is October 1, 2006. Not less than 20 percent of the FY 2006 Block Grant is being used for primary prevention programs and to ensure the continued provision of contracted services. Some prevention contracts are in the second year of a 3-year contract period and other contracts are in the fourth year of a 6-year contract period. For 3-year contracts, continuation of the second and third years is subject to satisfactory performance of the previous year's contracted services and the availability of funds. For 6-year contracts, continuation of the third through sixth year is also subject to the satisfactory performance of the contracted services and availability of funds. Specific prevention strategies and activities are contractually required of certain programs. Many programs are using multiple prevention strategies with an emphasis on certain strategies.

Since spending of the FY 2006 Block Grant began during the current State fiscal year that recently started on July 1, 2006, final data are not available on the numbers of persons served in accordance with the six prevention strategies currently being implemented. Instead, estimates of the numbers of persons to be served during this current State fiscal year expenditure period are included in the descriptions below for all the strategies, excluding environmental. As explained previously, according to the MDS Service Type Codes and Definitions, collecting statistics on the number of persons served is not applicable for any environmental activity.

Education: The education strategy is being implemented by the continuation of school-based prevention programs on Oahu. The agricultural program for grades K-6 provides structured, age-appropriate instruction to foster a sense of social responsibility and self-esteem in conjunction with a science-based curriculum. The program for high-risk girls in grades 5-8 provides various educational activities that include the implementation of the Strengthening Hawaii's Families curriculum for 5th and 6th grade girls and their families and a gender-appropriate curricular-based course for 7th grade girls that focuses on the development of self-knowledge, peer, family, school and community relationships, and practicing healthy alternatives to alcohol, tobacco and other drug use. Other educational activities are expected to be implemented by youth substance abuse community prevention partnerships. These community partnerships, located on the islands of Oahu, Hawaii, Kauai, Maui and Molokai, are required to select and implement evidence-based prevention programs in accordance with strategic prevention framework community action plans developed by each partnership to address the

reduction of drug and alcohol use by youth between the ages of 11 and 17. The estimated number of persons to be served by educational activities is 1,500 based on the MDS-defined service type codes for education.

Alternatives: The prevention program described above for high-risk girls in grades 5-8 also provides alternative activities such as an after-school club for 7th and 8th grade girls, a support network to ease the transition from elementary to intermediate school and intermediate to high school, and family-focused activities to include parents. Alternative activities are also provided by the ongoing school-based mentoring program for Native Hawaiian at-risk youth on Oahu that matches adult mentors with appropriate youth to help students in school. Alcohol- and drug-free recreational activities for teens are provided by the ongoing program that trains youth to be peer leaders and community advocates to prevent underage drinking. Other alternative activities are expected to be implemented by the youth substance abuse community prevention partnerships described above. The estimated number of persons to be served by alternative activities is 10,000 based on the MDS-defined service type codes for alternatives.

Information dissemination: Information dissemination is the primary strategy implemented by the RADAR Center. The Center's activities include an information clearinghouse and library, a telephone information service, development and/or dissemination of materials such as resource directories, newsletters and brochures, development of informational displays for community libraries, and participation in community and health fairs. The RADAR Center also provides onsite technical assistance to other ADAD-funded prevention programs throughout the State regarding the latest prevention materials to enhance service delivery. The estimated number of persons to be served by information dissemination activities is 40,000 based on the MDS-defined service type codes that apply to certain information dissemination activities.

Community-based process: The youth substance abuse prevention community partnerships described above, utilize community-based process activities in establishing and maintaining the various partnerships. These partnerships also engage in community-based process activities in order to develop and implement their strategic prevention framework community action plans. Community-based process activities also will be utilized in the needs assessment activities involved in planning and piloting the next statewide student survey to measure substance use and risk/protective factors among students in grades six through 12. The student survey needs assessment is being conducted by the Department of Psychiatry at the University of Hawaii (UH) John A. Burns School of Medicine. Other community-based process activities are integrated in a training and technical assistance program for community prevention providers and ADAD staff regarding the effective use of data for program planning, implementation and evaluation and the appropriate use of prevention management information system and data collection tools. The training and technical assistance program is being conducted by the UH Center on the Family. The estimated number of persons to be served by community-based process activities is 300 based on the MDS-defined service type codes that apply to certain community-based process activities.

Environmental: The environmental strategy is primarily implemented by conducting the annual tobacco compliance inspections pursuant to Synar requirements. The environmental strategy is also utilized by the program to train youth to be peer leaders and community advocates to

prevent underage drinking. Data are not available to estimate the number of persons to be served by the environmental strategy. As explained previously, none of the MDS-defined service type codes for the environmental strategy allow for recording the number of persons served. According to the MDS Service Type Codes and Definitions, collecting statistics on the number of persons served is not applicable for any environmental activity.

Problem identification and referral: The problem identification and referral strategy is expected to be implemented by a program conducted by an appropriate nonprofit private or public sector organization to prevent misuse or mismanagement of medications by the elderly by using pharmacists to conduct individual assessments and utilization reviews of prescription and over-the-counter medications and provide follow-up, referral services and consultation with physicians. It is also expected that this program will conduct informational sessions and activities for seniors and their caregivers on the proper use and management of medications. The estimated number of persons to be served by problem identification and referral activities is 300 based on the MDS-defined service type codes for problem identification and referral.

FY 2007 (Intended Use): Spending of the FY 2007 Block Grant is planned to occur during SFY 2008 which begins on July 1, 2008. Not less than 20 percent of the FY 2007 Block Grant will be used to ensure the continued provision of primary prevention programs and to maintain the contracted services described above. Some prevention contracts will be in the third year of a 3-year contract period and other contracts will be in the fifth year of a 6-year contract period. As explained previously, continuation of these contracts is subject to satisfactory performance and the availability of funds. Specific prevention strategies and activities are contractually required of certain programs. Many programs will continue to use multiple prevention strategies with an emphasis on certain strategies. Estimates of the numbers of persons to be served during the SFY 2008 expenditure period are included in the descriptions below for all the strategies, excluding environmental. As explained previously, according to the MDS Service Type Codes and Definitions, collecting statistics on the number of persons served is not applicable for any environmental activity.

Education: The education strategy will be implemented by the continuation of school-based prevention programs on Oahu. The agricultural program for grades K-6 will provide structured, age-appropriate instruction to foster a sense of social responsibility and self-esteem in conjunction with a science-based curriculum. The program for high-risk girls in grades 5-8 will provide various educational activities that include the implementation of the Strengthening Hawaii's Families curriculum for 5th and 6th grade girls and their families and a gender-appropriate curricular-based course for 7th grade girls that focuses on the development of self-knowledge, peer, family, school and community relationships, and practicing healthy alternatives to alcohol, tobacco and other drug use. Other educational activities will continue to be implemented by the youth substance abuse community prevention partnerships located on the islands of Oahu, Hawaii, Kauai, Maui and Molokai. These community partnerships will continue to implement evidence-based prevention programs in accordance with strategic prevention framework community action plans developed by each partnership to address the reduction of drug and alcohol use by youth between the ages of 11 and 17. The estimated number of persons to be served by educational activities is 2,500 based on the MDS-defined service type codes for education.

Alternatives: The prevention program described above for high-risk girls in grades 5-8 will also continue to provide alternative activities such as an after-school club for 7th and 8th grade girls, a support network to ease the transition from elementary to intermediate school and intermediate to high school, and family-focused activities to include parents. Alternative activities will also continue to be provided by the school-based mentoring program for Native Hawaiian at-risk youth on Oahu that matches adult mentors with appropriate youth to help students in school. Alcohol- and drug-free recreational activities for teens will continue to be provided by the program that trains youth to be peer leaders and community advocates to prevent underage drinking. Other alternative activities will be implemented by the youth substance abuse community prevention partnerships described above. The estimated number of persons to be served by alternative activities is 12,000 based on the MDS-defined service type codes for alternatives.

Information dissemination: Information dissemination is the primary strategy that will continue to be implemented by the RADAR Center. The Center's activities will continue to include an information clearinghouse and library, a telephone information service, development and/or dissemination of materials such as resource directories, newsletters and brochures, development of informational displays for community libraries, and participation in community and health fairs. The RADAR Center will continue to provide onsite technical assistance to other ADAD-funded prevention programs throughout the State regarding the latest prevention materials to enhance service delivery. The estimated number of persons to be served by information dissemination activities is 40,000 based on the MDS-defined service type codes that apply to certain information dissemination activities.

Community-based process: The youth substance abuse prevention community partnerships described above, will continue to utilize community-based process activities in maintaining the various partnerships. These partnerships will continue to engage in community-based process activities to implement their strategic prevention framework community action plans. Community-based process activities also will be utilized in conducting the next statewide student survey needs assessment to measure substance use and risk/protective factors among students in grades six through 12. The student survey will be conducted by the Department of Psychiatry at the UH John A. Burns School of Medicine. Other community-based process activities will continue to be implemented in a training and technical assistance program for community prevention providers and ADAD staff regarding the effective use of data for program planning, implementation and evaluation and the appropriate use of prevention management information system and data collection tools. The training and technical assistance program will continue to be conducted by the UH Center on the Family. The estimated number of persons to be served by community-based process activities is 300 based on the MDS-defined service type codes that apply to certain community-based process activities.

Environmental: The environmental strategy will continue to be implemented by conducting the annual tobacco compliance inspections pursuant to Synar requirements. The environmental strategy will also continue to be utilized by the program to train youth to be peer leaders and community advocates to prevent underage drinking. Data are not available to estimate the number of persons to be served by the environmental strategy. As explained previously, none of the MDS-defined service type codes for the environmental strategy allow for recording the

number of persons served. According to the MDS Service Type Codes and Definitions, collecting statistics on the number of persons served is not applicable for any environmental activity.

Problem identification and referral: The problem identification and referral strategy is expected to be implemented by a program on Oahu to prevent misuse or mismanagement of medications by the elderly by using pharmacists to conduct individual assessments and utilization reviews of prescription and over-the-counter medications and provide follow-up, referral services and consultation with physicians. It is also expected that this program will conduct informational sessions and activities for seniors and their caregivers on the proper use and management of medications. The estimated number of persons to be served by problem identification and referral activities is 300 based on the MDS-defined service type codes for problem identification and referral.

GOAL #3: An agreement to expend not less than an amount equal to the amount expended by the State for FY 1994 to establish new programs or expand the capacity of existing programs to make available treatment services designed for pregnant women and women with dependent children; and, directly or through arrangements with other public or nonprofit entities, to make available prenatal care to women receiving such treatment services, and, while the women are receiving services, child care.

FY 2004 (Compliance): Not less than the amount equal to the amount expended for FY 1994 was used to provide contracted services for pregnant women and women with dependent children. (For expenditure amounts, please refer to Table IV, Expenditures for Services to Pregnant Women and Women with Dependent Children.) ADAD contracted with the Salvation Army Family Treatment Services (FTS), Child and Family Service, Malama Na Makua A Keiki (Malama Family Recovery Center), and the Judiciary's Family Court of the First Circuit to provide the specialized substance abuse treatment services which included arrangements for prenatal and child care. Salvation Army FTS provided residential and therapeutic living programs for pregnant and parenting women and interim services for pregnant women, as well as a therapeutic nursery for the infants and toddlers. Child and Family Service provided a Baby S.A.F.E. (Substance Abuse Free Environment) program that included outreach and early intervention services for pregnant and parenting women on Kauai. Malama Na Makua A Keiki provided a therapeutic living program, intensive outpatient and outpatient services for pregnant and parenting women on Maui. With additional State funds, Malama Na Makua A Keiki initiated arrangements to provide additional therapeutic living services at another facility through a subcontract with another agency. In collaboration with the Judiciary's Family Court on Oahu and the Department of Human Services, a Family Drug Court was implemented. The purpose was to provide substance abuse treatment services for pregnant and parenting women who were under the jurisdiction of the Family Court and whose children were classified by the Department of Human Services as child abuse or neglect cases.

FY 2006 (Progress): Not less than the amount equal to the amount expended by the State for FY 1994 is being used to contract for specialized treatment services for pregnant women and women with dependent children. (For the total amount contracted/obligated, please refer to Table IV, Expenditures for Services to Pregnant Women and Women with Dependent Children.) ADAD contracted with the Salvation Army FTS, Malama Na Makua A Keiki, Child and Family Service, and the Judiciary's Family Court on Oahu to provide the specialized substance abuse treatment services for pregnant women and women with dependent children which included arrangements for prenatal and child care. For further details regarding these services, please refer to the description below for FY 2007 (Intended Use). The services using the FY 2006 and FY 2007 Block Grant and/or State general funds are basically the same.

FY 2007 (Intended Use): Not less than the amount equal to the amount expended by the State for FY 1994 will be used to make available specialized treatment services for pregnant women and women with dependent children. (For the total amount contracted/obligated, please refer to Table IV, Expenditures for Services to Pregnant Women and Women with Dependent Children.)

The specialized substance abuse treatment services that will be made available include: on Oahu, residential and therapeutic living programs, interim services, a therapeutic nursery for infants and toddlers of women in treatment, and a Family Drug Court; on Maui, a therapeutic living program and intensive outpatient and outpatient treatment; and on Kauai, a Baby S.A.F.E. program. An estimated total of 260 pregnant women and women with dependent children are expected to be served by these programs. The following services will also be provided or arranged for:

- primary medical care for women, including referral for prenatal care and child care while the women are receiving substance abuse treatment;
- primary pediatric care, including immunization, for their children;
- gender-specific substance abuse treatment and other therapeutic interventions for women which may address issues of relationships, sexual and physical abuse and parenting and child care while the women are receiving substance abuse treatment;
- therapeutic interventions for children in custody of women in treatment (may include developmental needs, issues of sexual and physical abuse and neglect); and
- case management and transportation to ensure that women and their children have access to the above mentioned services.

GOAL #4: An agreement to provide treatment to intravenous drug abusers that fulfills the 90 percent capacity reporting, the 14-120 day performance requirement, interim services, outreach activities and monitoring requirements.

FY 2004 (Compliance): ADAD operated a Treatment Capacity Management and Wait List Reporting System. All ADAD-funded substance abuse treatment programs receiving SAPT Block Grant and/or State general funds were contractually required to comply with ADAD's Wait List Management and Interim Services Policy and Procedures. ADAD-funded treatment programs were required to fax or hand deliver to ADAD a weekly report that included notification on whether a program reached 90 percent capacity and the wait list status for each injection drug user (IDU) who requested treatment. If an ADAD-funded treatment program did not have the capacity to admit an IDU to treatment within 14 days, the program was required to refer the individual to another treatment program that could admit the individual within 14 days. If no treatment program had the capacity to admit the IDU within 14 days, then the program was required to provide interim services within 48 hours, or refer the IDU to the ADAD-designated Opioid Therapy Outpatient Treatment Program (Drug Addiction Services of Hawaii--DASH) which was required to provide interim services within 48 hours. Each IDU that received interim services was to be admitted to treatment within 120 days of the request for treatment. To ensure the provision of interim services for IDUs, ADAD contracted with DASH to provide interim services as part of its continuum of substance abuse services for IDUs. Interim services included counseling and education about HIV and TB, risks of needle sharing, risks of transmission to sexual partners and infants, steps that can be taken to ensure that HIV and TB transmission does not occur, and referral for HIV or TB treatment services, if necessary. For pregnant women, interim services also included counseling on the effects of alcohol and drug use on the fetus, and referral for prenatal care.

ADAD also contracted with DASH to provide outreach activities to encourage IDUs in need of treatment to undergo such treatment. DASH was required to comply with ADAD's IDU Outreach Services Policy and Procedures that included certain personnel qualifications for outreach workers and requirements for their training and supervision. The outreach services provided by DASH included:

- contacting, communicating and following-up with high-risk substance abusers, their associates and neighborhood residents within the constraints of Federal and State confidentiality requirements;
- promoting awareness among injection drug users about the relationship between injection drug abuse and communicable diseases such as HIV;
- recommending the use of prevention practices to ensure that HIV transmission does not occur; and
- encouraging entry into substance abuse treatment and utilization of any other appropriate community resources.

The monitoring of the 90 percent capacity reporting, 14-120 days performance requirement, and interim services was accomplished through the required submission to ADAD of the weekly treatment capacity and wait list status report from each ADAD-funded treatment program. The information required on the report for each IDU included the date of request for admission to treatment, if interim services were provided, date of admission to treatment, and if the client was referred to another treatment program, the name of that program. The information on the reports was compiled and reviewed by the designated ADAD Wait List Monitor to ensure compliance. Also, contracted services provided by DASH were monitored as part of ADAD's annual onsite monitoring of contracted programs.

FY 2006 (Progress): All ADAD-funded substance abuse treatment programs, as part of their standard contract provisions, are required to comply with ADAD's Wait List Management and Interim Services Policy and Procedures to fulfill the 90 percent capacity reporting, the 14-120 days performance requirement and interim services requirements. ADAD contracted with DASH to ensure the provision of interim services and outreach services for IDUs. ADAD monitors these service requirements by reviewing the weekly treatment capacity and wait list status reports that all ADAD-funded treatment programs are required to submit, and by conducting annual onsite monitoring of all contracted programs' delivery of services in accordance with compliance monitoring protocols. For further details regarding these service and monitoring requirements, please refer to the description below for FY 2007 (Intended Use). The requirements for both periods are basically the same.

FY 2007 (Intended Use): All ADAD-funded substance abuse treatment programs will continue to be contractually required to comply with ADAD's Wait List Management and Interim Services Policy and Procedures. This includes submitting to ADAD a weekly report on whether a program reached 90 percent treatment capacity and the wait list status for each IDU requesting admission to treatment. If an ADAD-funded treatment program does not have the capacity to admit an IDU to treatment within 14 days, the program must refer the individual to another treatment program that can admit the individual within 14 days. If no treatment program has the capacity to admit the IDU within 14 days, then the program must provide interim services within 48 hours, or refer the IDU to the ADAD-designated Opioid Therapy Outpatient Treatment Program (DASH) which must provide interim services within 48 hours. Each IDU that receives interim services must be admitted to treatment within 120 days of the request for treatment. Interim services include counseling and education about HIV and TB, risks of needle sharing, risks of transmission to sexual partners and infants, steps that can be taken to ensure that HIV and TB transmission does not occur, and referral for HIV or TB treatment services, if necessary. For pregnant women, interim services also include counseling on the effects of alcohol and drug use on the fetus, and referral for prenatal care.

ADAD will continue to contract with DASH to ensure the continued provision of outreach services to encourage IDUs in need of treatment to undergo such treatment and to accept referral and linkage to appropriate resources in the community. ADAD's IDU Outreach Services Policy and Procedures include certain personnel qualifications for outreach workers and requirements for their training and supervision. Requirements for outreach workers include knowledge of the

relationship between injecting drug abuse and communicable diseases such as HIV and knowledge of prevention practices that can be recommended to IDUs to ensure that HIV transmission does not occur.

ADAD will continue to monitor the 90 percent capacity reporting, 14-120 days performance requirement, and interim and outreach services by reviewing the weekly treatment capacity and wait list status reports that all ADAD-funded treatment programs are required to submit, and by conducting annual onsite monitoring of all contracted programs. The information required on the weekly treatment capacity and wait list status report for each IDU includes the date of request for admission to treatment, if interim services were provided, date of admission to treatment, and if the client was referred to another treatment program, the name of that program. ADAD's contract compliance monitoring protocols include detailed sections on the administrative policies and procedures, client records, and other documentation that treatment programs must maintain to ensure compliance with wait list, treatment capacity management and interim services requirements. Administrative policies and procedures are monitored in the first year of all new contracts to ensure that they have been established and meet ADAD requirements.

GOAL #5: An agreement, directly or through arrangements with other public or nonprofit private entities, to routinely make available tuberculosis services to each individual receiving treatment for substance abuse and to monitor such service delivery.

FY 2004 (Compliance): All ADAD-funded substance abuse treatment programs, as part of their standard contract provisions, were required to comply with Sec. 1924(a) of P.L. 102-321 to routinely make available tuberculosis (TB) services to all clients, either directly or through arrangements with public or nonprofit agencies. The Department of Health has a well-established Tuberculosis Control Branch which provides needed TB services to ADAD clients in treatment. ADAD's contract compliance monitoring protocol for treatment programs includes the review of a program's policy and procedures and documentation on TB screening and testing of clients. Administrative policies and procedures are monitored in the first year of all new contracts to ensure that they have been established and meet ADAD requirements. Onsite monitoring of all contracted programs was conducted.

FY 2006 (Progress): All ADAD-funded substance abuse treatment programs, as part of their standard contract provisions, are required to comply with Sec. 1924(a) of P.L. 102-321, to routinely make available TB services to all clients either directly or through arrangements with public or nonprofit agencies. The Department of Health's Tuberculosis Control Branch provides needed TB services to ADAD clients in treatment. ADAD's contract compliance monitoring protocol for treatment programs includes the review of a program's policy and procedures and documentation on TB screening and testing of clients. Administrative policies and procedures are monitored in the first year of all new contracts to ensure that they have been established and meet ADAD requirements. Onsite monitoring of contracted services is done annually.

FY 2007 (Intended Use): All ADAD-funded treatment programs will continue to be contractually required to comply with Sec. 1924(a) of P.L. 102-321, to routinely make available TB services to all clients either directly or through arrangements with public or nonprofit agencies. The Department of Health's Tuberculosis Control Branch will continue to provide needed TB services to ADAD clients in treatment. ADAD's contract compliance monitoring protocol for treatment programs includes the review of a program's policy and procedures and documentation on TB screening and testing of clients. Administrative policies and procedures are monitored in the first year of all new contracts to ensure that they have been established and meet ADAD requirements. Onsite monitoring of contracted services will also be done annually.

GOAL #6: An agreement, by designated States, to provide treatment for persons with substance abuse problems with an emphasis on making available within existing programs early intervention services for HIV in areas of the State that have the greatest need for such services and to monitor such service delivery.

FY 2004 (Compliance): Hawaii's AIDS case rate for calendar year 2002 met the threshold of 10 per 100,000 individuals for a designated state pursuant to Sec. 1924(b) of P.L. 102-321. As required, Hawaii made available 5 percent of its FY 2004 Block Grant allotment for HIV early intervention services. ADAD contracted with DASH to provide these services at treatment sites on the islands of Oahu and Hawaii. The services included: pre- and post-test counseling in accordance with the Department of Health's HIV Counseling and Testing Guidelines; HIV testing, including tests to confirm the presence of the disease, to diagnose the extent of the deficiency in the immune system, to provide information on appropriate therapeutic measures for preventing and treating deterioration of the immune system, and tests to prevent and treat conditions arising from the disease; medical case management and immune system monitoring in accordance with the Hawaii Seropositivity and Medical Management (HSPAMM) model; arranging initial appointments for clients with service providers to secure needed services or benefits; establishing linkages with a comprehensive network of related health and social service organizations; and providing HIV prevention and education to clients in ADAD-funded substance abuse treatment programs. ADAD conducted annual onsite monitoring to ensure appropriate service delivery and contract compliance. Services were also monitored through the required submission to ADAD of quarterly and annual reports from the contracted program.

FY 2006 (Progress): According to the List of HIV Designated States for FY 2006 SAPT Block Grant Uniform Application, included with the Final Uniform Application Instructions, Hawaii is not a designated State for the FY 2006 SAPT Block Grant. This is based on CDC's most recent annual HIV/AIDS Surveillance Report published prior to October 1, 2005, which is the 2003 Edition, Volume 15. This report confirms that Hawaii's AIDS case rate for calendar year 2003 was below the threshold of 10 per 100,000 individuals for a designated state. Thus, Hawaii is prohibited from expending any Block Grant funds for HIV early intervention services. On July 18, 2002, CSAT notified ADAD via e-mail that policy guidance from the Office of General Counsel prohibits non-designated states from expending any Block Grant funds for HIV early intervention services. This reversed previous policy guidance that ADAD received from CSAT via a letter dated May 21, 1999, that allowed non-designated states to spend Block Grant funds for HIV early intervention services such as pre- and post-test counseling and screening and assessment, excluding expenditures for the treatment of AIDS. In compliance with the policy guidance from the Office of General Counsel, ADAD will not expend any SAPT Block Grant funds to continue the HIV early intervention services program. However, instead of terminating this program, ADAD plans to allocate State general funds to support this program. This will ensure essential service continuity and stability for clients at ADAD-funded substance abuse treatment programs. ADAD plans to continue the provision of HIV early intervention services provided by DASH at substance abuse treatment sites on the islands of Oahu and Hawaii. Onsite monitoring of contracted services is done annually. Services are also monitored through the required submission to ADAD of quarterly and annual reports from the contracted program.

FY 2007 (Intended Use): According to the List of HIV Designated States for FY 2007 SAPT Block Grant Uniform Application, included with the Final Uniform Application Instructions, Hawaii is not a designated State for the FY 2007 SAPT Block Grant. This is based on CDC's most recent annual HIV/AIDS Surveillance Report published prior to October 1, 2006, which is the 2004 Edition, Volume 16. This report confirms that Hawaii's AIDS case rate for calendar year 2004 met the threshold of 10 per 100,000 individuals for a designated state. As required, Hawaii will make available 5 percent of its FY 2007 Block Grant allotment for HIV early intervention services. ADAD plans to continue the contracted HIV early intervention services provided by DASH at substance abuse treatment sites on the islands of Oahu and Hawaii. The services will include: pre- and post-test counseling in accordance with the Department of Health's HIV Counseling and Testing Guidelines; HIV testing, including tests to confirm the presence of the disease, to diagnose the extent of the deficiency in the immune system, to provide information on appropriate therapeutic measures for preventing and treating deterioration of the immune system, and tests to prevent and treat conditions arising from the disease; medical case management and immune system monitoring in accordance with the Hawaii Seropositivity and Medical Management (HSPAMM) model; arranging initial appointments for clients with service providers to secure needed services or benefits; establishing linkages with a comprehensive network of related health and social service organizations; and providing HIV prevention and education to clients in ADAD-funded substance abuse treatment programs. It is estimated that 500-600 clients will be screened for HIV. Onsite monitoring of contracted services will be done annually. Services will also be monitored through the required submission to ADAD of quarterly and annual reports from the contracted program.

GOAL #7: An agreement to continue to provide for and encourage the development of group homes for recovering substance abusers through the operation of a revolving loan fund. Effective FY 2001, States may choose to maintain such a fund. If a State chooses to participate, reporting is required.

FY 2004 (Compliance): Pursuant to the Children's Health Act of 2000 (P.L. 106-310), this previous requirement is now optional. However, ADAD ensured the continuation of the operation of Hawaii's revolving loan fund for group recovery homes by continuing a contract with Oxford House, Inc., to provide technical assistance to establish and maintain a network of peer-assisted residential group homes for recovering substance abusers and to manage the revolving loan fund management program in accordance with Block Grant provisions.

FY 2006 (Progress): Although participation is optional, ADAD is utilizing FY 2006 Block Grant funds to continue a contract with Oxford House, Inc., to provide technical assistance to maintain a network of peer-assisted residential recovery homes and support the start-up of new group homes for recovering substance abusers and to manage the revolving loan fund management program in accordance with Block Grant provisions.

FY 2007 (Intended Use): Although participation is optional, ADAD plans to utilize FY 2007 Block Grant funds to maintain the network of peer-assisted residential recovery homes and support the start-up of new group homes for recovering substance abusers and to manage the revolving loan fund management program in accordance with Block Grant provisions. ADAD plans to continue the contract with Oxford House, Inc., to provide technical assistance for these services, subject to satisfactory performance in providing the previous years' contracted services. It is estimated that a minimum of 15 Oxford Houses will continue to be maintained in the State.

GOAL #8: An agreement to continue to have in effect a State law that makes it unlawful for any manufacturer, retailer, or distributor of tobacco products to sell or distribute any such product to any individual under the age of 18; and, to enforce such laws in a manner that can reasonably be expected to reduce the extent to which tobacco products are available to individuals under age 18.

- Is the State's FY 2007 Annual Synar Report included with the FY 2007 uniform application?
  Yes ___ No __X__

- If No, please indicate when the State plans to submit the report: Hawaii plans to submit the report by or before November 15, 2006.

Note: The statutory due date is December 31, 2006.

GOAL #9: An agreement to ensure that each pregnant woman be given preference in admission to treatment facilities; and, when the facility has insufficient capacity, to ensure that the pregnant woman be referred to the State, which will refer the woman to a facility that does have capacity to admit the woman, or if no such facility has the capacity to admit the woman, will make available interim services within 48 hours, including a referral for prenatal care.

FY 2004 (Compliance): ADAD contractually required all substance abuse treatment programs that received Block Grant and/or State general funds to comply with Sec. 1927 of P.L. 102-321. Treatment programs were required to: (1) give preference for admission to treatment to pregnant women who seek or are referred for and would benefit from treatment; and (2) advertise that pregnant women shall receive preference for treatment on any brochures or materials published by the agency. Also, under ADAD's Wait List Management and Interim Services Policy and Procedures, each ADAD-funded treatment program was contractually required to refer any pregnant woman it could not admit to another treatment program that could admit the woman. If no other program had the capacity to admit the pregnant woman, then each ADAD-funded treatment program was required to provide interim services within 48 hours (which included counseling on the effects of alcohol and drug use on the fetus and referral for prenatal care), or refer the woman to the ADAD-designated program for interim services for pregnant women which was required to provide such services within 48 hours of the request for treatment. ADAD contracted with the Salvation Army FTS as the designated program to ensure the availability of interim services for pregnant women.

FY 2006 (Progress): Pursuant to Sec. 1927 of P.L. 102-321, each ADAD-funded substance abuse treatment program is contractually required to: (1) give preference for admission to treatment to pregnant women who seek or are referred for and would benefit from treatment; and (2) advertise that pregnant women shall receive preference for treatment on any brochures or materials published by the agency. Also, under ADAD's Wait List Management and Interim Services Policy and Procedures, each ADAD-funded treatment program is contractually required to refer any pregnant woman it cannot admit to another treatment program that can admit the woman. If no other program has the capacity to admit the pregnant woman, then each ADAD-funded treatment program must provide interim services within 48 hours (which includes counseling on the effects of alcohol and drug use on the fetus and referral for prenatal care), or refer the woman to ADAD's designated program for interim services for pregnant women (Salvation Army FTS) which must provide interim services within 48 hours of the request for treatment.

FY 2007 (Intended Use): Pursuant to Sec. 1927 of P.L. 102-321, each ADAD-funded substance abuse treatment program will continue to be contractually required to: (1) give preference for admission to treatment to pregnant women who seek or are referred for and would benefit from treatment; and (2) advertise that pregnant women shall receive preference for treatment on any brochures or materials published by the agency. Also, under ADAD's Wait List Management and Interim Services Policy and Procedures, each ADAD-funded treatment program will continue to be contractually required to refer any pregnant woman it cannot admit

to another treatment program that can admit the woman. If no other program has the capacity to admit the pregnant woman, then each ADAD-funded treatment program must provide interim services within 48 hours (which includes counseling on the effects of alcohol and drug use on the fetus and referral for prenatal care), or refer the woman to ADAD's designated program for interim services for pregnant women (Salvation Army FTS) which must provide interim services within 48 hours of the request for treatment.

GOAL #10: An agreement to improve the process in the State for referring individuals to the treatment modality that is most appropriate for the individual.

FY 2004 (Compliance): To facilitate appropriate treatment referrals for individuals, all ADAD-funded treatment programs are required to use the Patient Placement Criteria of the American Society of Addiction Medicine (ASAM) for admission, continuance and discharge of all clients. ADAD-funded treatment programs are contractually required to document in writing in each client's chart that ASAM criteria have been met. ADAD-funded programs are also required to administer the Addiction Severity Index (ASI) screening instrument for adults and the Adolescent Drug Abuse Diagnosis instrument for adolescents as part of the initial assessment to all clients admitted for treatment. In addition, ADAD-funded programs are contractually required to maintain a current base of information and referral sources on substance abuse and related problem behaviors and treatment resources that must be made easily accessible to staff and program recipients. ADAD's contract compliance monitoring protocol requires review of client files regarding utilization of ASAM criteria, the ASI and Adolescent Drug Abuse Diagnosis instrument, as well as review of program policies and procedures regarding utilization of the ASAM criteria and review of the information base and referral sources on substance abuse and treatment resources.

FY 2006 (Progress): All ADAD-funded substance abuse treatment programs are required to use the ASAM Patient Placement Criteria for admission, continuance and discharge of all clients. ADAD-funded treatment programs are contractually required to document in writing in each client's chart that ASAM criteria have been met. ADAD-funded programs are also required to administer the ASI for adults and the Adolescent Drug Abuse Diagnosis instrument for adolescents as part of the initial assessment to all clients admitted for treatment. In addition, ADAD-funded programs are contractually required to maintain a current base of information and referral sources on substance abuse and related problem behaviors and treatment resources that must be made easily accessible to staff and program recipients. ADAD's contract compliance monitoring protocol requires review of client files regarding utilization of ASAM criteria, the ASI and Adolescent Drug Abuse Diagnosis instrument, as well as review of program policies and procedures regarding utilization of the ASAM criteria and review of the information base and referral sources on substance abuse and treatment resources.

FY 2007 (Intended Use): All ADAD-funded substance abuse treatment programs will continue to be required to use the ASAM Patient Placement Criteria for admission, continuance and discharge of all clients. ADAD-funded treatment programs will continue to be contractually required to do the following: document in writing in each client's chart that ASAM criteria have been met; administer the ASI for adults and the Adolescent Drug Abuse Diagnosis instrument for adolescents as part of the initial assessment to all clients admitted for treatment; and maintain a current base of information and referral sources on substance abuse and related problem behaviors and treatment resources that must be easily accessible to staff and program recipients. ADAD's contract compliance monitoring protocol will continue to require review of client files regarding utilization of ASAM criteria, the ASI and Adolescent Drug Abuse Diagnosis

instrument, as well as review of program policies and procedures regarding utilization of the ASAM criteria and review of the information base and referral sources on substance abuse and treatment resources.

GOAL #11: An agreement to provide continuing education for the employees of facilities which provide prevention activities or treatment services (or both as the case may be).

FY 2004 (Compliance): The provision of educational workshops and trainings for providers of substance abuse treatment and prevention services was supported by FY 2004 SAPT Block Grant funds. ADAD also has a State-funded training coordinator who coordinates the planning, scheduling and logistics of ADAD sponsored trainings, and the provision of applicable continuing education credits for substance abuse professionals. The types of continuing education provided are based on input from providers, assessments of past trainings, types of educational resources and technical assistance available, discussions with training consultants, collaborative training opportunities available with other agencies, and Block Grant-related issues and requirements. ADAD-funded programs were contractually required to provide at least 12 hours of relevant clinical training per year for each staff person providing clinical services at a treatment program, and at least 12 hours of relevant prevention training for each staff person of a prevention program. Also, ADAD had a subcontract from the Oregon Health & Science University which administers the Northwest Frontier Addiction Technology Transfer Center (NFATTC). This subcontract supported and facilitated various training and educational activities aimed at treatment providers and improving the treatment system. The treatment and prevention issues and topics covered by the workshops and trainings that ADAD sponsored, co-sponsored or provided, included the following:

- Introduction to the certified substance abuse counselor (CSAC) Code of Ethics
- Ethical standards for CSACs
- Motivational interviewing
- Clinical supervision
- Confidentiality and the criminal justice system
- Skill building & advanced application of the revised ASAM PPC-2R
- Overview of the CSAC application process
- Preparing for the CSAC written and oral examinations
- Group counseling and facilitation skills
- Post incarceration syndrome
- Dealing with challenging clients
- Eliminating self-defeating behaviors
- Cognitive behavior training
- Results of the 2003 Student Alcohol, Tobacco and Other Drug Use Study
- Effective fiscal management of federal grants and other agreements
- Forgive for Good—forgiveness training methodology
- Web Infrastructure for Treatment Services
- Community Action Seminar: Working Together for Healthier Communities
- DSM-IV for the CSAC: anxiety, trauma and disorders of extreme stress
- DSM-IV for the CSAC: mood disorders

FY 2006 (Progress): FY 2006 Block Grant funds have been allocated to support the provision of educational workshops and trainings for providers of substance abuse treatment and prevention services. As explained previously in this Block Grant Application, the FY 2006 Block Grant is spent during SFY 2007 which began on July 1, 2006. ADAD also has a State-funded training coordinator who coordinates the planning, scheduling and logistics of ADAD

sponsored trainings, and the provision of applicable continuing education credits for substance abuse professionals. The subcontract that ADAD had with NFATTC ended; however, ADAD and NFATTC plan to continue coordinating efforts to provide training for substance abuse providers. ADAD-funded programs are contractually required to provide at least 12 hours of relevant clinical training per year for each staff person providing clinical services at a treatment program, and at least 12 hours of relevant prevention training for each staff person of a prevention program. ADAD's workshop and training plans for treatment and prevention providers include the following topics:

- Introduction to the CSAC code of ethics
- Ethical standards for CSACs
- Advanced ethics for substance abuse counselors
- Preparing for the CSAC written and oral examinations
- Screening students for substance abuse
- Confidentiality of alcohol and other drug treatment records
- Adolescent development
- Cognitive behavioral techniques
- Motivational interviewing
- Group counseling and facilitation skills
- Web Infrastructure for Treatment Services
- Client data system: admission, discharge and follow-up information requirements
- ASAM PPC
- HIV/AIDS
- Tobacco cessation
- Substance abuse prevention specialist training
- Prevention management information system
- Strategic prevention framework
- Evidence-based prevention programs

FY 2007 (Intended Use): ADAD will continue to provide educational workshops and trainings supported by FY 2007 Block Grant funds for providers of substance abuse treatment and prevention services. As explained previously, spending of the FY 2007 Block Grant is planned for the State fiscal year expenditure period that begins July 1, 2007. Specific workshops have not been finalized for this future period; however, it is anticipated that some of the basic workshops listed above will continue to be provided, e.g., client confidentiality, preparing for the CSAC examinations, ethical standards for substance abuse professionals, ASAM PPC, substance abuse prevention specialist training, etc. ADAD's State-funded training coordinator will continue to coordinate the planning, scheduling and logistics of ADAD sponsored trainings, and the provision of applicable continuing education credits for substance abuse professionals. The kinds of continuing education provided will continue to be based on input from providers, assessments of past trainings, types of educational resources and technical assistance available, discussions with training consultants, collaborative training opportunities available with other agencies, and Block Grant-related issues and requirements. ADAD-funded programs will continue to be contractually required to provide at least 12 hours of relevant clinical training per year for each staff person providing clinical services at a treatment program, and at least 12 hours of relevant prevention training for each staff person of a prevention program.

GOAL #12: An agreement to coordinate prevention activities and treatment services with the provision of other appropriate services.

FY 2004 (Compliance): ADAD ensured the coordination of prevention and treatment services by participating in the activities of existing and new interagency coalitions, task forces, committees and work groups comprised of government and community-based agencies. Such groups represent services to substance abusing pregnant women, school-based services to children, HIV planning and coordination groups, criminal justice agencies, comprehensive prevention services, epidemiological activities, organizations that administer federal substance abuse funds, and State agencies that expend State funds for the purchase of health and human services. ADAD's participation and involvement in such groups help to facilitate the identification of community needs and resources, support the development and provision of appropriate prevention and treatment services, and avoid duplication of efforts and funding. Also, ADAD-funded treatment and prevention programs are contractually required to collaborate or coordinate their services with other appropriate services in the community. In September 2000, CSAP awarded a 3-year State Incentive Grant (SIG) to Hawaii, administered by ADAD, to reduce substance use and abuse among Hawaii's youth population. The focus of SIG activities was to stimulate and support partnerships among government and community-based organizations and improve the coordination of prevention resources.

FY 2006 (Progress): ADAD ensures coordination of prevention and treatment services by participating in the activities of existing and new interagency coalitions, task forces, committees and work groups comprised of government and community-based organizations. Such groups represent services to substance abusing pregnant women, school-based services to children, HIV planning and coordination groups, criminal justice agencies, comprehensive prevention services, epidemiological activities, organizations that administer federal substance abuse funds, and State agencies that expend State funds for the purchase of health and human services. ADAD's participation and involvement in such groups help to facilitate the identification of community needs and resources, support the development and provision of appropriate prevention and treatment services, and avoid duplication of efforts and funding. Also, ADAD-funded treatment and prevention programs are contractually required to collaborate or coordinate their services with other appropriate services in the community. In addition, ADAD and the Department of Health's Adult Mental Health Division (AMHD) are systematically collaborating to improve the service infrastructure for persons with co-occurring mental illness and substance use disorders. This collaborative effort is being undertaken through the CSAT Co-occurring State Incentive Grant (COSIG) for the Treatment of Persons with Co-occurring Substance Related and Mental Disorders, that is being administered by AMHD. ADAD staff participate in several committees organized through COSIG. In November 2005, ADAD and AMHD signed an agreement of understanding for a full-time COSIG-funded position to be deployed part of the time at ADAD to assist ADAD in the implementation of COSIG initiatives that involve ADAD.

FY 2007 (Intended Use): ADAD will continue to ensure coordination of prevention and treatment services by participating in the activities of existing and new interagency coalitions, task forces, committees and work groups comprised of government and community-based organizations. Such groups represent services to substance abusing pregnant women, school-based services to children, HIV planning and coordination groups, criminal justice agencies,

comprehensive prevention services, epidemiological activities, organizations that administer federal substance abuse funds, and State agencies that expend State funds for the purchase of health and human services. ADAD's participation and involvement in such groups help to facilitate the identification of community needs and resources, support the development and provision of appropriate prevention and treatment services, and avoid duplication of efforts and funding. Also, ADAD-funded treatment and prevention programs will continue to be contractually required to collaborate or coordinate their services with other appropriate services in the community. In addition, ADAD will continue to systematically collaborate with AMHD's COSIG initiatives to improve the service infrastructure for persons with co-occurring mental illness and substance use disorders.

GOAL #13: An agreement, to submit an assessment of the need for both treatment and prevention in the State for authorized activities, both by locality and by the State in general.

FY 2004 (Compliance): In November 1996, ADAD was awarded a CSAT contract to conduct a second round of statewide needs assessment studies. ADAD contracted researchers from the University of Hawaii School of Public Health and Department of Speech to improve upon the groundwork laid in the first group of studies and update the adult household telephone survey, in-school survey of adolescents, and the study of women of reproductive age. In accordance with Block Grant reporting requirements for the period, data from the CSAT needs assessment contract, i.e., the adult household and student surveys, were utilized as the basis for the estimates calculated to meet the format requirements of Forms 8 and 9 for the Block Grant Application. In September 1998, ADAD received a three-year prevention needs assessment contract from CSAP. ADAD contracted the University of Hawaii Social Science Research Institute to conduct a family of studies on prevention consisting of (1) a community resource assessment; (2) a prevention needs assessment survey of adolescents in school; and (3) a social indicators study using archival data. Final reports from all three needs assessment studies were sent to public libraries throughout the State, and selected data were made available online at the website of the UH Center on the Family (www.uhfamily.hawaii.edu/index.asp). In collaboration with the UH Center on the Family, data from the 2000 student survey were incorporated into community planning workbooks designed individually for 13 Hawaii communities. These workbooks were developed to assist community-based prevention activities under the SIG. Training was provided for communities on how to effectively utilize the student survey data to assess community prevention needs. In 2002 and 2003, statewide student surveys were conducted to obtain ongoing data to assess the nature and extent of substance use among Hawaii's youth, assess treatment and prevention needs, and measure risk and protective factors. The 2003 survey for ADAD was conducted as part of the DOH School Health Surveys Project which involved the ADAD student alcohol and other drug use survey and two other DOH health-related student surveys, conducted in collaboration with the Hawaii State Department of Education. In 2004, ADAD contracted a survey research firm to conduct a statewide telephone household survey to assess substance use and treatment needs among the adult population.

FY 2006 (Progress): Reports from the 2002 and 2003 statewide student surveys are available at the Department of Health (DOH) survey website for ADAD (www.hawaii.gov/health/substance-abuse/prevention-treatment/survey/adsurv.htm). ADAD has contracted the Department of Psychiatry at the UH John A. Burns School of Medicine to plan and conduct the next statewide student prevention and treatment needs assessment survey to measure substance use and risk and protective factors among students in grades 6 through 12. Data from the 2003 survey will be reviewed for use in school training presentations. Also, two pilot studies are being planned before conducting the next full student needs assessment survey. One pilot study may consist of administering the survey using a paper-pencil format and the other study may pilot the survey using a web format. Technical assistance regarding sampling methodology has been requested from CSAP.

FY 2007 (Intended Use): ADAD has contracted the Department of Psychiatry at the UH John A. Burns School of Medicine to plan and conduct the next statewide student prevention and

treatment needs assessment survey to measure substance use and risk and protective factors among students in grades 6 through 12. Two pilot student survey studies are expected to be conducted using a paper-pencil format vs. a web format, and response rates will be compared and analyzed. Technical assistance regarding sampling methodology is expected to be received through CSAP. The full statewide survey is being planned for Fall 2007. ADAD has experienced delays in receiving complete reports for the 2004 statewide telephone household survey to assess substance use and treatment needs among the adult population; however data analyses are expected to be completed and a full report is expected to be finalized. Data from ADAD's treatment and prevention needs assessment studies will continue to be utilized to support ongoing service planning, resource allocation and public information/education activities.

GOAL #14: An agreement to ensure that no program funded through the block grant will use funds to provide individuals with hypodermic needles or syringes so that such individuals may use illegal drugs.

FY 2004 (Compliance): ADAD-funded treatment and prevention programs were required by contract to institute a policy so that Block Grant funds cannot be used to support the distribution of sterile needles for the hypodermic injection of any illegal drug or the distribution of bleach for the purpose of cleansing needles for such hypodermic injections.

FY 2006 (Progress): ADAD-funded treatment and prevention programs are required by contract to institute a policy to ensure that Block Grant funds cannot be used to support the distribution of sterile needles for the hypodermic injection of any illegal drug or the distribution of bleach for the purpose of cleansing needles for such hypodermic injections.

FY 2007 (Intended Use): ADAD-funded treatment and prevention programs will continue to be contractually required to institute a policy so that Block Grant funds cannot be used to support the distribution of sterile needles for the hypodermic injection of any illegal drug or the distribution of bleach for the purpose of cleansing needles for such hypodermic injections.

GOAL #15: An agreement to assess and improve, through independent peer review, the quality and appropriateness of treatment services delivered by providers that receive funds from the block grant.

FY 2004 (Compliance): Independent peer reviews were conducted of at least 5 percent of the Block Grant-funded treatment programs in accordance with Sec. 1943 of P.L. 102-321. The independent peer review team provided each treatment program that was reviewed with the results and recommendations of the completed review. The results of each peer review team's analysis were also reported to ADAD.

FY 2006 (Progress): Independent peer reviews are conducted of at least 5 percent of the Block Grant-funded treatment programs each fiscal year in accordance with Sec. 1943 of P.L. 102-321. The independent peer review team provides each treatment program that is reviewed with the results and recommendations of the completed review. The results of each peer review team's analysis are also reported to ADAD.

FY 2007 (Intended Use): Independent peer reviews will continue to be conducted of at least 5 percent of the Block Grant-funded treatment programs each fiscal year in accordance with Sec. 1943 of P.L. 102-321. The independent peer review team will provide each treatment program that is reviewed with the results and recommendations of the completed review. Also, the results of each peer review team's analysis will be reported to ADAD.

GOAL #16: An agreement to ensure that the State has in effect a system to protect patient records from inappropriate disclosure.

FY 2004 (Compliance): All ADAD-funded programs were contractually required to keep all substance abuse records confidential, pursuant to 42 Code of Federal Regulations (CFR), Part 2, Confidentiality of Alcohol and Drug Abuse Patient Records, and, if necessary, resist in judicial proceedings any efforts to obtain access to patient or participant records except as permitted by such regulations and Sec. 334-5, HRS, Confidentiality of Records regarding treatment programs. ADAD monitored compliance with client confidentiality requirements through the contract monitoring protocols and accreditation protocol for substance abuse programs. ADAD's Client Data System uses unique identifiers as a way to maintain confidentiality of patient records. Also, ADAD provided training on the confidentiality of client information and records for its contracted programs.

Per the Health Insurance Portability and Accountability Act of 1996 (HIPAA), ADAD has been designated as a "health plan." As such, ADAD implemented activities to comply with HIPAA requirements and privacy rules governing client records. ADAD received CSAT-funded technical assistance and training on HIPAA privacy and security requirements provided by Health Systems Research and Fox Systems, Inc.

FY 2006 (Progress): All ADAD-funded programs are contractually required to keep all substance abuse records confidential, pursuant to 42 CFR, Part 2, Confidentiality of Alcohol and Drug Abuse Patient Records, and, if necessary, resist in judicial proceedings any efforts to obtain access to patient or participant records except as permitted by such regulations and Sec. 334-5, HRS, Confidentiality of Records regarding treatment programs. ADAD monitors compliance with client confidentiality requirements through the contract monitoring protocols and accreditation protocol for substance abuse programs. ADAD periodically provides training on the confidentiality of client information and records for its contracted programs. ADAD will continue the ongoing process of complying with HIPAA requirements and privacy rules.

FY 2007 (Intended Use): All ADAD-funded programs will continue to be contractually required to keep all substance abuse records confidential, pursuant to 42 CFR, Part 2, Confidentiality of Alcohol and Drug Abuse Patient Records, and, if necessary, resist in judicial proceedings any efforts to obtain access to patient or participant records except as permitted by such regulations and Sec. 334-5, HRS, Confidentiality of Records regarding treatment programs. ADAD monitors compliance with client confidentiality requirements through the contract monitoring protocols and accreditation protocol for substance abuse programs. ADAD will continue the ongoing process of complying with HIPAA requirements and privacy rules.

GOAL #17: An agreement to ensure that the State has in effect a system to comply with 42 U.S.C. 300x-65 and 42 C.F.R. part 54 (See 42 C.F.R. 54.8(c)(4) and 54.8(b), Charitable Choice Provisions and Regulations.

FY 2004 (Compliance): Not Applicable.

FY 2006 (Progress): ADAD has developed and implemented a system to comply with the Charitable Choice provisions and regulations. ADAD has developed policies and procedures that implement the requirements regarding notice, referral and alternative services. Contract modifications have been completed for all existing SAPT Block Grant-funded treatment and prevention contracts to include standard provisions that require providers to comply with 42 C.F.R. Part 54, as applicable. All newly executed Block Grant-funded treatment and prevention contracts also include these provisions. Currently, ADAD does not have any Block Grant-funded prevention programs provided by religious organizations, but there are treatment services being provided by a religious organization. ADAD has used the model notice to program beneficiaries from the final Charitable Choice regulations and disseminated that notice to the religious organization which must provide that notice to all clients and prospective clients. As part of ADAD's Charitable Choice policies and procedures, ADAD has developed a reporting system which includes forms that any Block Grant-funded religious organization is required to complete and submit to ADAD to report any client requests for alternative treatment services, referrals made to an alternative provider and referrals received by the alternative provider. ADAD has a designated Charitable Choice monitor whose duties include collecting and compiling data from any Block Grant-funded religious organization on requests and referrals for alternative treatment services and monitoring compliance with ADAD's Charitable Choice policies and procedures.

FY 2007 (Intended Use): ADAD will continue to have in effect a system to comply with the Charitable Choice provisions and regulations. This includes policies and procedures that implement the requirements regarding notice, referral and alternative services, and standard provisions in treatment and prevention contracts that require providers to comply with 42 C.F.R. Part 54, as applicable. ADAD will provide to any Block Grant-funded religious organization the notice to program beneficiaries from the final Charitable Choice regulations and require the religious organization to provide that notice to all clients and prospective clients. As part of ADAD's Charitable Choice policies and procedures, ADAD will continue to have in effect a reporting system which includes forms that any Block Grant-funded religious organization is required to complete and submit to ADAD to report any client requests for alternative treatment services, referrals made to an alternative provider and referrals received by the alternative provider. ADAD will continue to have a designated Charitable Choice monitor whose duties include collecting and compiling data from any Block Grant-funded religious organization on requests and referrals for alternative treatment services and monitoring compliance with ADAD's Charitable Choice policies and procedures.

SECTION III. INTENDED USE OF FY 2007 SAPT BLOCK GRANT FUNDS

Substate Area Planning

Planning Areas Defined: Planning for services focuses on four substate planning areas that are consistent with the State's island counties. Oahu (City and County of Honolulu) is considered one substate area. The neighbor island counties of Kauai, Maui (which includes the islands of Molokai and Lanai), and Hawaii constitute the other three substate planning areas.

Method and Data Collected: ADAD relies on a variety of information resources and links with other organizations to determine areas of highest prevalence, incidence and need, and to carry out substate area planning. These resources include surveys, groups and agencies engaged in data collection, alcohol and drug service providers, community forums and any officially appointed advisory bodies in operation.

ADAD utilizes its Client Data System (CDS), which is based on the Treatment Episode Data Set (TEDS), to collect demographic and treatment service data from its contracted treatment providers which submit admission, discharge and 6-month followup data on each client. In July 1997, ADAD began implementation of its Purchase of Services (POS) System, a management information system which integrated the CDS with billing and other fiscal transactions for contracted services. The POS System has enabled ADAD to more effectively monitor and assess the utilization of treatment services and adjust the allocation of funds to better meet service needs. ADAD has initiated a planning and implementation process to replace the current POS legacy System with a Web Infrastructure for Treatment Services- (WITS) based system (originally a CSAT sponsored application) that would be customized and installed to meet the operational needs of both ADAD and ADAD’s network of contracted providers.

ADAD's data are compared and supplemented with annual reports, plans and special studies from other health, human services and criminal justice agencies and programs that provide substance abuse-related information. Data from these agencies and programs are used to analyze alcohol and other drug use trends and problems and identify service gaps and available resources.

Based on these extensive information resources, as well as needs assessment studies (see Goal #13 on needs assessment), services are planned for each of the county planning areas, as well as specified target groups. Although all of the State's counties are underserved in terms of a complete system of care, the scarcity of resources is more evident in the less populated neighbor island counties.

Monitoring Process: Utilizing planning and needs assessment data and in accordance with SAPT Block Grant and State procurement requirements, ADAD issues requests for proposals (RFP) and contracts with community-based organizations to provide treatment and prevention

services for communities and targeted populations with the highest prevalence and special needs. ADAD-funded treatment and prevention programs are monitored to assure that the funds are used for the targeted communities and populations in accordance with contract requirements. ADAD conducts program and fiscal monitoring onsite at each ADAD-funded program on an annual basis. ADAD also monitors its contracted programs by reviewing required monthly, quarterly and annual reports to assure contract compliance and appropriate expenditures of funds. As described previously, ADAD's POS System has enabled ADAD to monitor and assess the utilization of services and adjust the allocation of funds to better meet service needs. In addition, ADAD has utilized CSAP's Minimum Data Set (MDS) System software to obtain data from Block Grant-funded prevention programs on types of services and activities conducted and information on service populations. The data are recorded in a standardized format which can be used to monitor Block Grant-funded prevention services that communities receive. As part of a CSAP-sponsored project that includes other states, ADAD and its prevention programs are test piloting the MDS 4, a Web-based version.

State Epidemiological Outcomes Workgroup

In March 2006, ADAD was awarded a one-year $200,000 CSAP-funded subcontract through Synectics for Management Decisions, Inc., for the establishment of a State Epidemiological Outcomes Workgroup (SEOW) for the purposes of substance abuse prevention data collection and reporting. The SEOW contract may be extended for two additional years subject to the availability of funds and contract performance. Hawaii's SEOW is called the Hawaii Drug Information Network (HDIN). The composition of HDIN will incorporate and expand upon the Honolulu Community Epidemiological Work Group (CEWG) that began in 1989 and is sponsored by the National Institute on Drug Abuse. The composition of HDIN includes representatives of State, County and Federal agencies, and community organizations involved in the areas of health, research, education, human services, and law enforcement. The role of HDIN is to provide a mechanism for the collection, analysis and reporting of substance use incidence and prevalence data and related consequences, program process and outcomes data, archival data, risk and protective factors data, and other related data to guide state- and community-level planning, needs assessment, monitoring and evaluation processes.

Public Input/Comment

ADAD facilitates public and community input and comment through several mechanisms. Periodic meetings are convened with administrators and staff of the community-based organizations contracted by ADAD. ADAD provides information and solicits input on policies, plans, SAPT Block Grant and State funding, and other issues that affect the service providers. ADAD also receives input on service utilization, operational needs, problems and concerns. Information from service providers is used in the development of ADAD's plans for the use and allocation of Block Grant funds.

A statewide substance abuse treatment plan was completed in January 2000. ADAD contracted a consultant from the University of Hawaii to develop the treatment plan with participation and input from service providers, community organizations, government agencies and interested

citizens throughout Hawaii. The purpose was to document the treatment needs of different subpopulations, estimate the resources needed to close the treatment gap and provide a foundation for the development of statewide strategies to assure the availability of a full continuum of substance abuse services.

ADAD actively participates in many interagency coalitions, task forces, committees and work groups comprised of government and community-based organizations. These activities help to facilitate public input, ensure ongoing identification of community needs and resources, coordinate substance abuse plans and services, and guide allocation of funds.

In planning and contracting for services to be funded by the FY 2007 SAPT Block Grant and State funds, ADAD follows State laws, regulations and procedures that govern the basic planning, procuring and contracting of health and human services by State agencies (HRS, Chapter 103F and implementing administrative rules). The objective is to ensure the fair and equitable treatment of all service providers delivering health and human services on behalf of State agencies by using a standardized procurement process and by optimizing information-sharing, planning and service delivery efforts. The State Procurement Office, which is within the Department of Accounting and General Services, serves as the central authority on State procurement statutes and rules. Community input is an integral part of the planning and procurement process. Prior to issuing an RFP, State agencies must issue a request for information (RFI) to obtain community input on the services being planned for procurement. A Governor-appointed Community Council advises and assists the administrator of the State Procurement Office. The Council's duties include securing input from providers and facilitating provider participation in the process used by State agencies to assess needs, plan, budget and purchase health and human services. The Council also provides input and advice on education and training needed by purchasing agencies and providers to improve planning for or purchasing of health and human services. The Council is comprised of one representative from each of the State's four counties and up to five members interested in health, human services, employment, or the provision of services to children and youth.

As described previously in this Block Grant Application (under 17 Federal Goals), spending of the FY 2007 Block Grant is planned for SFY 2008 which begins on July 1, 2007. The FY 2007 Block Grant will be used to maintain contracted treatment and prevention services during the fifth year of the present 6-year contract period. Some prevention contracts will be in the third year of a 3-year contract period. As explained previously, continuation of these contracts is subject to satisfactory performance and the availability of funds.

The State's FY 2007 SAPT Block Grant plan was made available for public review and comment at ADAD's office and could also be accessed at www.hawaii.gov/health/substance-abuse/prevention-treatment/index.html. The notice for solicitation of public comment was published in August 2006 in the *Honolulu Star-Bulletin, Hawaii Tribune-Herald, West Hawaii Today, The Maui News,* and *The Garden Island,* in accordance with State publication requirements for statewide public notices. These five newspapers together cover all four of Hawaii's counties.

PLANNING CHECKLIST: CRITERIA FOR ALLOCATING FUNDS

Use the following checklist to indicate the criteria your State will use in deciding how to allocate FY 2007 block grant funds. Mark all criteria that apply. Indicate the priority of the criteria by placing numbers in the boxes. For example, if the most important criterion is "incidence and prevalence levels," put a "1" in the box beside that option. If two or more criteria are equal, assign them the same number.

- [ ] Population levels (Specify formula: _____)
- [3] Incidence and prevalence levels
- [ ] Problem levels as estimated by alcohol/drug-related crime statistics
- [5] Problem levels as estimated by alcohol/drug-related health statistics
- [ ] Problem levels as estimated by social indicator data
- [1] Problem levels as estimated by expert opinion
- [4] Resource levels as determined by (specify method) **Service inventory.**
- [ ] Size of gaps between resources (as measured by _____) and needs (as estimated by _____)
- [2] Other (specify): **Basic core services on each major island.**

Form 8

OMB No. 0930-0080

TREATMENT NEEDS ASSESSMENT SUMMARY MATRIX

State: HAWAII

Calendar Year: 2005
(See Note 3)

1. SUBSTATE PLANNING AREA	2. Total population (See Note 1)	3. Total population in need		4. Number of IVDUs in need		5. Number of women in need		6. Prevalence of substance-related criminal activity			7. Incidence of communicable diseases		
		A. Needing treatment services (See Note 2)	B. That would seek treatment	A. Needing treatment services	B. That would seek treatment	A. Needing treatment services (See Note 2)	B. That would seek treatment	A. Number of DWI arrests	B. Number of drug-related arrests	C. Other (specify): ----------	A. Hepatitis B/ 100,000	B. AIDS/ 100,000	C. Tubercu-losis/ 100,000
Statewide	1,107,127	101,005	15,151	4,578	687	48,312	7,247	9,950	3,242		0.8	8.2	8.8
Oahu	812,286	68,046	10,207	3,124	469	33,858	5,079	3,181	1,605		1.1	6.1	9.2
Big Island of Hawaii	131,318	16,035	2,405	618	93	6,803	1,020	1,077	713		0.0	7.2	7.2
Maui	111,543	12,432	1,865	565	85	5,660	849	5,443	631		0.0	12.9	9.3
Kauai	51,980	4,491	674	271	41	1,990	299	249	293		0.0	31.9	6.4

Notes: 1. Population 5 years of age and older in 1998.

2. County subtotals may not add up exactly to the statewide total due to rounding.

3. DWI arrests are for calendar year 2005. Drug-related arrests are for calendar year 2004 since data were not yet available for calendar year 2005.

Form Approved: 08/26/2004

Form Expires: 08/31/2007

Needs Assessment Matrix: Methods for Estimating Treatment Needs (Forms 8 and 9)

The estimates of the population needing treatment, reported in Forms 8 and 9, were calculated using data primarily from two surveys funded by the CSAT needs assessment contract. The 1998 Hawaii Student Alcohol and Drug Use Study as well as enrollment data on the student population in Hawaii's public and private school systems were used to develop treatment need estimates on the population under 18 years of age. The 1998 Adult Population Household Telephone Survey on substance abuse provided treatment estimates on the population 18 years of age and older. The student survey was an in-school survey of over 25,000 students in grades 6, 8, 10 and 12, encompassing 98% of all public schools and approximately 42% of all private schools in Hawaii. All students were required to obtain parental consent to participate in the survey. The adult survey was a household telephone survey of the population 18 years of age and older with an unweighted sample size of 5,050. The sample was adjusted to reflect the State's population distribution among the State's four counties and also adjusted for ethnicity, age and gender. For both surveys, treatment need was measured when participants' responses to certain questions met the DSM (*Diagnostic and Statistical Manual of Mental Disorders*)-III-R criteria for substance abuse or dependence. The substances on which both surveys assessed substance abuse or dependence included alcohol, marijuana, stimulants (cocaine, methamphetamine), depressants (heroin, sedatives) and hallucinogens.

Form 9 requires a breakdown of the total population needing treatment by extremely detailed cross-tabulations for certain racial/ethnic groups by age and sex. (Form 8, column 3A, requires reporting these estimates by the State's substate planning areas, i.e., counties.) For some cells or subgroups, data were not available or responses were insufficient to report any treatment need. Generally, this was because the population of the subgroup cross-tabulated by ethnicity, age and sex was too small to reasonably generate a sufficient sample size. This applies especially to data on Blacks, Hispanics and American Indians/Alaska Natives, since each group comprises a very small portion of Hawaii's population. Any estimates shown in Form 9 for these groups should be interpreted with particular caution. Data could not be obtained on Alaska Native students because neither the student survey nor the student enrollment database included Alaska Native as one of the racial/ethnic categories for which data had been collected; such students were included in the unknown category. Also, data were not available for column G on more than one race reported. This category was not in previous versions of Form 9 until it was added to the FY 2002 Block Grant Application instructions; thus, data from the 1998 student and adult surveys were not collected or calculated for this category. Instead, persons of more than one race were included in the racial/ethnic group that each person chose, based on self-identification with only one group, or were included in the others/unknown category. Please note that for the student and adult surveys, as well as for other ADAD surveys and data systems that collect ethnic data, ADAD uses an ethnic breakdown different from Form 9 that includes other categories more relevant to Hawaii's unique ethnic composition.

Although the student survey was very comprehensive, it was not designed, like the adult household survey, to produce a representative sample of the general population. To develop

estimates of treatment need for the population under age 18 in accordance with the cross-tabulations required for Form 9, certain assumptions were made.

The student survey was used to obtain percentages of students needing treatment in each county, cross-tabulated by grade, gender and ethnicity. These percentages were multiplied by the total number of students in each corresponding grade, gender and ethnic category for each county (based on student enrollment data) to obtain treatment need estimates for the population under age 18 in accordance with the Form 9 format. For example, the percent of Asian females in grades 10-12 on Oahu needing treatment was multiplied by the total number of Asian females in grades 10-12 on Oahu to obtain an estimate of the number needing treatment. Since the student survey was conducted in grades 6, 8, 10 and 12, the percentages of students in grades 7, 9 and 11 needing treatment were estimated by calculating the average of the corresponding lower and higher grade, e.g., percent in grade 7 needing treatment was based on the average percent of grades 6 and 8. The percent needing treatment in grades K-6 was based on the percent needing treatment in grade 6. The total number of students in each grade, gender and ethnic category for each county was estimated using September 1997 enrollment data on students in public and private schools. The Department of Education provided cross tabulations of the numbers of students enrolled in the public school system by county (district), grade, gender and ethnic group. The numbers of private school students in Hawaii were available by grade, but not by county, gender and ethnic group (as reported by the Department of Business, Economic Development and Tourism in *The State of Hawaii Data Book, 1999*). Thus, the distribution of private school students, by county, gender and ethnic group, was calculated to reflect the distribution of public school students. The numbers of public and private school students were added together to obtain the total student enrollment by grade, gender and ethnic categories for each county. To report on the age groups specified in Form 9, grade levels were converted to the following ages: grades K-6=ages 11 and under; grades 7-9=ages 12-14; and grades 10-12=ages 15-17. In previous years, the SAPT Block Grant Application format for Form 9 required treatment need estimates for these separate youth age groups. Beginning with the FY 2006 SAPT Block Grant Application instructions, Form 9 was revised to combine these age groups into one group 17 and under. Thus, the estimates for the previous separate age groups for youth were added to obtain the estimate of treatment need for the group 17 and under.

For Form 8, column 2, the total population reflects ages 5 years and older in 1998, as reported by the Department of Business, Economic Development and Tourism, from Population Estimate Reports from the U.S. Census Bureau, with an Internet release date of August 30, 2000. For columns 3A, 4A and 5A (numbers that would seek treatment), it was assumed that 15 percent of those needing treatment would seek treatment. The number of IVDUs needing treatment was estimated from the results of the adult household survey, based on participants who responded affirmatively to the question, “Have you ever injected any drug by needle for non-medical reasons?” For column 6, the numbers of DWI arrests for calendar year 2005 were provided by the Department of Transportation. The numbers of drug-related arrests for calendar year 2004 were provided by the Department of the Attorney General; data on drug-related arrests for calendar year 2005 were not yet available. For column 7, incidence of hepatitis B, AIDS, and tuberculosis per 100,000 population was based on case statistics provided by the Department of

Health's Communicable Disease Division for calendar year 2005, and 2005 population estimates from the U.S. Census Bureau.

In earlier years, CSAT and CSAP needs assessment contracts provided essential funding that supported activities to meet the Block Grant needs assessment requirements. The funding enabled ADAD to obtain the technical assistance needed to conduct comprehensive and specialized studies to determine the prevalence of substance abuse in Hawaii, assess needs for treatment and prevention services, identify gaps in services, and provide direction for efforts to improve services. However, since the CSAT and CSAP State Treatment Needs Assessment Programs were terminated, new funding is no longer available for states to conduct needs assessments and obtain updated data to meet the detailed reporting requirements for Forms 8 and 9 for the total population (all age groups by race/ethnicity and gender) and substate areas. This has compelled ADAD to start allocating SAPT Block Grant funds, that would otherwise be used for direct treatment and prevention services, for the technical assistance required for conducting comprehensive needs assessment studies. National surveys that provide state-level substance use data do not provide the kind and level of detail that would be most useful for Hawaii, given Hawaii's small population size and unique ethnic composition.

Form 9 OMB No. 0930-0080

TREATMENT NEEDS BY AGE, SEX, AND RACE/ETHNICITY

State: HAWAII

NA: Not available

SEX AND RACE/ETHNICITY

AGE	A. Total (See Note 1)	B. White		C. Black or African American		D. Native Hawaiian/Other Pacific Islander (See Note 2)		E. Asian		F. American Indian/Alaska Native (See Note 3)		G. More Than One Race Reported (See Note 4)		H. Unknown		I. Not Hispanic or Latino		J. Hispanic or Latino	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
1. 17 & under	18,008	1,924	1,789	226	109	3,439	3,328	2,712	2,337	NA	NA	NA	NA	967	739	9,268	8,302	202	236
2. 18 - 24	16,297	1,942	2,467	NA	111	2,571	1,879	2,681	2,044	NA	NA	NA	NA	933	803	8,127	7,304	755	111
3. 25 - 44	45,070	9,665	11,337	795	368	4,582	3,490	5,767	3,098	345	56	NA	NA	1,385	2,641	22,539	20,990	1,053	488
4. 45 - 64	18,386	4,773	6,743	63	NA	1,504	924	1,350	1,305	34	28	NA	NA	309	905	8,033	9,905	52	396
5. 65 & over	3,242	1,885	347	NA	NA	173	232	386	NA	NA	NA	NA	NA	219	NA	2,663	579	NA	NA
6. Total (See Note 1)	101,005	20,189	22,683	1,084	589	12,269	9,853	12,898	8,783	379	84	NA	NA	3,813	5,088	50,632	47,080	2,061	1,231

Notes: 1. Some column and row totals shown may not add up exactly to the numbers for that column or row due to rounding.

2. Native Hawaiian includes any person self-identified as Hawaiian or part Hawaiian.

3. American Indians and Alaska Natives under 18 years of age (row 1) are included in the others/unknown category.

4. Persons of more than one race are included in the racial/ethnic group that each person chose, based on self-identification with only one group, or are included in the others/unknown category.

Form 11

OMB NO. 0930-0080

INTENDED USE PLAN

(Include ONLY funds to be spent by the agency administering the block grant. Estimated data are acceptable on this form.)

State: HAWAII

ACTIVITY (See instructions for using Row 1)	**SOURCE OF FUNDS (24 Month Projection)**					
	A. FY 2007 SAPT Block Grant	B. Medicaid (Federal, State, and local)	C. Other Federal Funds (e.g., Medicare, other public welfare)	D. State Funds	E. Local Funds (excluding local Medicaid)	F. Other
1. Substance Abuse Treatment and Rehabilitation	$4,633,012	$0	$300,000	$24,199,300	$0	$0
2. Primary Prevention	$1,797,340		$1,065,000	$2,000,000	$0	$0
3. Tuberculosis Services	$0 (See Note below)	$0	$0	$0	$0	$0
4. HIV Early Intervention Services	$357,242	$0	$0	$0	$0	$0
5. Administration (excluding program/provider level)	$357,242		$110,076	$2,956,356	$0	$0
6. Column total	$7,144,836	$0	$1,475,076	$29,155,656	$0	$0

Note: Although no separate funds are shown for TB services, all ADAD-funded treatment programs are contractually required to comply with Sec. 1924(a) of P.L. 102-321, regarding availability of TB services.

Form Approved: 08/26/2004

Form Expires: 08/31/2007

Primary Prevention Planned Expenditures Checklist

Detailing planned expenditures on primary prevention (Row 2) of Form 11.

Estimated data are acceptable in this checklist.

	Block Grant FY 2007	Other Federal	State	Local	Other
Information Dissemination	$300,815	$106,500	$0	$0	$0
Education	$519,997	$66,500	$0	$0	$0
Alternatives	$436,310	$0	$0	$0	$0
Problem Identification & Referral	$110,500	$0	$0	$0	$0
Community-based process	$348,729	$209,875	$0	$0	$0
Environmental	$12,000	$149,625	$0	$0	$0
Other	$0	$0	$0	$0	$0
Section 1926 - Tobacco	$68,989	$0	$0	$0	$0
TOTAL	**$1,797,340**	**$532,500**	**$0**	**$0**	**$0**

Planned Expenditures on Substance Abuse Resource Development Checklist

Does your State plan to fund resource development activities with FY 2007 funds?

[X] Yes

[ ] No

If yes, show the estimated amounts that will be spent in the table below:

	Treatment	Prevention	Additional Combined	Total
Planning, coordination, and needs assessment	$0	$212,347		$212,347
Quality assurance	$142,902	$72,263		$215,165
Training (post-employment)	$39,067	$50,000		$89,067
Education (pre-employment)	$0	$0		$0
Program development	$110,886	$0	$7,400	$118,286
Research and evaluation	$0	$0		$0
Information systems	$150,563	$150,000		$300,563
TOTAL	**$443,418**	**$484,610**	**$7,400**	**$935,428**

Form 12 OMB No. 0930-0080

Treatment Capacity Matrix

This form contains data covering a 24 month projection for the period during which your principal agency of the State is permitted to spend the FY 2007 block grant award.

STATE: Hawaii

LEVEL OF CARE	A. Number of Admissions	B. Number of Persons Served
DETOXIFICATION (24-HOUR CARE)		
1. Hospital Inpatient	0	0
2. Free-Standing Residential	844	574
REHABILITATION/RESIDENTIAL		
3. Hospital Inpatient	0	0
4. Short-term (up to 30 days)	0	0
5. Long-term (over 30 days)	1,626	1,612
AMBULATORY (OUTPATIENT)		
6. Outpatient	3,746	5,398
7. Intensive Outpatient	1,474	1,728
8. Detoxification	0	0
9. Methadone	104	830

Note: Column B reflects projected numbers of persons served during the 24 month projection period regardless of the admission date.

Purchasing Services

Methods for Purchasing

There are many methods the State can use to purchase substance abuse services. Use the following checklist to describe how your State will purchase services with the FY 2007 block grant award. Indicate the proportion of funding that is expended through the applicable procurement mechanism.

☐	Competitive grants	Percent of Expense _____
☒	Competitive contracts	Percent of Expense 94.7
☐	Non-competitive grants	Percent of Expense _____
☒	Non-competitive contracts	Percent of Expense 5.3
☐	Statutory or regulatory allocation to governmental agencies serving as umbrella agencies that purchase or directly operate services	Percent of Expense _____
☐	Other	Percent of Expense _____

Total: 100%

(The total for the above categories should equal 100 percent.)

☐	According to county or regional priorities	Percent of Expense _____

Methods for Determining Prices

There are also alternative ways a State can decide how much it will pay for services. Use the following checklist to describe how your State pays for services. Complete any that apply. In addressing a State's allocation of resources through various payment methods, a State may choose to report either the proportion of expenditures or proportion of clients served through these payment methods. Estimated proportions are acceptable.

[X] Line item program budget
Percent of Clients Served Not available (See Note 1 below)
Percent of Expenditures 19.4 (See Note 2 below)

[ ] Price per slot
Percent of Clients Served _____
Percent of Expenditures _____

Rate: _____ Type of slot:
Rate: _____ Type of slot:
Rate: _____ Type of slot:

[X] Price per unit of service
Percent of Clients Served Not available (See Note 1 below)
Percent of Expenditures 80.6 (See Note 2 below)

Unit: Residential - bed day — Rate: $165/adult; $250/adolescent; $180/dual diagnosis; $170/pregnant or parenting woman + $90/one or more children; $165/non-medical detox
Unit: Day treatment - per diem — Rate: $120/adult; $145/dual diagnosis; $135/pregnant or parenting woman + $90/one or more children
Unit: Intensive outpatient - per diem — Rate: $105/adult, pregnant or parenting woman, and dual diagnosis
Unit: Outpatient - 60 minute session — Rate: $75/adult or family counseling; $48/adult group counseling; $85/adolescent or family school-based session; $53/adolescent school-based group session
Unit: Therapeutic living - bed day — Rate: $75/adult or pregnant or parenting woman + $75/one or more children
Unit: Methadone - week — Rate: $105

[ ] Per capita allocation (Formula):
Percent of Clients Served _____
Percent of Expenditures _____

[ ] Price per episode of care:
Percent of Clients Served _____
Percent of Expenditures _____

Rate: _____ Diagnostic Group:
Rate: _____ Diagnostic Group:
Rate: _____ Diagnostic Group:

Note 1: Percent of clients served cannot be determined because data are not available to separate out the numbers of clients served by the Block Grant from the numbers of clients served by State funds for those treatment services that are supported by a combination of Block Grant and State funds. Most treatment services that are supported by the Block Grant are also supported by State funds.
Note 2: Estimated percent of expenditures based on the amount of FY 2007 SAPT Block Grant funds planned for treatment and related services for substance abuse clients, excluding services supported by State funds.

Program Performance Monitoring

The purpose of this item is to document how the principal agency of the State will monitor and evaluate the performance of substance abuse service providers that receive State and/or block grant funds. Use the following checklist to indicate what methods your State uses. Check all that apply. When you are asked for frequency in the items below, use the following choices:

monthly
quarterly
semi-annually
annually
every two years

[X] On-site inspections
Frequency for treatment: (annually)
Frequency for prevention: (annually)

[X] Activity reports
Frequency for treatment: (monthly, quarterly, and annually)
Frequency for prevention: (monthly, quarterly, and annually)

[X] Management information system

[X] Patient/participant data reporting system
Frequency for treatment: (monthly)
Frequency for prevention: (monthly)

[X] Performance contracts

[X] Cost reports

[X] Independent peer review

[ ] Licensure standards - programs and facilities
Frequency for treatment: (_____)
Frequency for prevention: (_____)

[ ] Licensure standards - personnel
Frequency for treatment: (_____)
Frequency for prevention: (_____)

[X] Other (Specify): Accreditation of treatment programs